

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	TM	1656	3-14-61
<b>RESPONSE FORMALITY REVIEW</b>	CR	75	3/16/61
	CC	5C1114	10-16-51

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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RESC-2551  
10/26/61